FORM D



UNITED STATES

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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	OMB A	APPROVAL
	OMB Number	3235-0076
	Expires: Estimated avera	May 31, 2005
	hours per respo	•
	SEC U	JSE ONLY
	Prefix	Serial
i	I	
	DATE	RECEIVED

Name of Offering (check if this is an amendment and name has changed, and indicate change.)
Series A Preferred Stock and Common Stock Warrant Offering
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE
Type of Filing: New Filing Amendment
A. BASIC IDENTIFICATION DATA
1. Enter the information requested about the issuer
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)
Network Clarity, Inc.
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
701 Fifth Avenue, 42nd Floor, Seattle, WA 98104 (206) 931-6050
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
(if different from Executive Offices)
Brief Description of Business
Software Developer
Type of Business Organization
corporation limited partnership, already formed other (please specify): procESSED
T Dusiness trust 1.1 himted partnership, to be formed
Month Year JUL 3 1 2003
Actual of Estimated Date of incorporation of Organization: 0 2
Surisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:
CN for Canada; FN for other foreign jurisdiction) WA FINANCIAL

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only reported the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice. Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: ■ Executive Officer Director ☐ Promoter ■ Beneficial Owner General and/or Managing Partner Full Name (Last name first, if individual) Wheeler, Christopher D. Business or Residence Address (Number and Street, City, State, Zip Code) 701 Fifth Avenue, 42nd Floor, Seattle, WA 98104 Beneficial Owner □ Executive Officer □ Director ☐ General and/or Check Box(es) that Apply: ☐ Promoter Managing Partner Full Name (Last name first, if individual) Madsen, Mark E. Business or Residence Address (Number and Street, City, State, Zip Code) 701 Fifth Avenue, 42nd Floor, Seattle, WA 98104 Check Box(es) that Apply: ☐ Promoter Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Quantum Northwest I Limited Partnership Business or Residence Address (Number and Street, City, State, Zip Code) 1200 Alki Avenue S.W., #2, Seattle, WA 98116 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) Naughtin, Anthony **Business or Residence Address** (Number and Street, City, State, Zip Code) 18226 85th Place West, Edmonds, WA 98026 □ Director ☐ Beneficial Owner ■ Executive Officer ☐ General and/or Check Box(es) that Apply: ☐ Promoter Managing Partner Full Name (Last name first, if individual) McBride, Paul Business or Residence Address (Number and Street, City, State, Zip Code) 404 289th Place NE, Carnation, WA 98014 □ Director Beneficial Owner ■ Executive Officer General and/or Check Box(es) that Apply: ☐ Promoter Managing Partner Full Name (Last name first, if individual) Parkey, John Business or Residence Address (Number and Street, City, State, Zip Code) 9203 SE 33rd Street, Mercer Island, WA 98040 Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Check Box(es) that Apply: ☐ Promoter Managing Partner Full Name (Last name first, if individual) Quantum Northwest II Limited Partnership (Number and Street, City, State, Zip Code) Business or Residence Address 1200 Alki Avenue S.W., #2, Seattle, WA 98116 (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

				B	. INFORM	ATION AB	OUT OFFE	RING				
							301 JIN				Yes	No
1.	Has the issue	r sold, or doe	s the issuer in	tend to sell,	to non-accre	dited investo	ors in this off	fering?			- 🗆	\boxtimes
				Answer	also in Appe	ndix, Colum	n 2, if filing	under ULOI	3.			
2.	What is the r	ninimum inve	stment that wi		,		_				\$ N/	A
					•						Yes	No
3.	Does the offe	ering permit jo	oint ownership	of a single	unit?	*********					\boxtimes	
4.	or similar re listed is an a of the broker	muneration for ssociated person or dealer. If	nested for each or solicitation son or agent of more than fiver that broker or	of purchases f a broker or ve (5) person	rs in connect dealer register dealer register	tion with sal	es of securit he SEC and/o	ies in the of or with a sta	fering. If a te or states,	person to be list the name		
Full	Name (Last n	ame first, if ir	ndividual)									
Bus	iness or Reside	ence Address		(Numbe	er and Street,	City, State,	Zip Code)	•				
Nan	ne of Associated	Broker or De	aler									
State	es in Which Per	son Listed Has	s Solicited or In	itends to Soli	icit Purchaser	rs		····				
	(Check "All S	tates" or check	individual Sta	tes)					•••	•••••	☐ All	States
ť.	AL] [AK] [AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID
-	IL] [IN			[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO
	MT] [NE		[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
	RI] [SC Name (Last na		[TN] dividual)	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
	,							·			·····	
Busi	ness or Reside	nce Address		(Number	r and Street,	City, State,	Zip Code)					
Vam	e of Associated	Broker or Dea	aler							, <u>, , , , , , , , , , , , , , , , , , </u>	, ,	
State	s in Which Per	son Listed Has	Solicited or In	tends to Soli	cit Purchaser	s			<u> </u>			
	(Check "All St	ates" or check	individual Stat	tes)			·····				☐ Ali	States
[4	AL] [AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
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	MT] [NE]		[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
	all [sc]	· · · · · · · · · · · · · · · · · · ·	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
ull	Name (Last na	me first, if inc	dividual)									
Busi	ness or Reside	nce Address		(Number	and Street,	City, State, 2	Zip Code)					
·							 					
lam	of Associated	Broker or Dea	ler						 	<u></u>		
	s in Which Pers											
	(Check "All St			•								
-	L] [AK]		[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
	L][IN]		[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
	ATT] [NE] NII [SCI		[NH]	[NJ] [TX]	[NM]	[NY]	[NC]	[ND] [WA]	[OH]	[OK] [WI]	[OR]	[PA]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND US	E OF PROC	EEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggreg Offering		Amount Already Sold
	Debt	\$		\$
•	Equity	\$ 1,200,	020	\$949,999
	☐ Common ☒ Preferred	· <u> </u>		
	Convertible Securities (including warrants)	\$ <u>165,</u>	003	\$130,625
	Partnership Interests	\$		\$
	Other (Specify)	\$		\$
	Total	\$ 1,365,	 123	\$1,080,624
	Answer also in Appendix, Column 3, if filing under ULOE.	<u>Ψ 1,505,</u>	<u> </u>	Ψ <u>1,000,02</u> +
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offering under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investo		Aggregate Dollar Amount
				of Purchases
	Accredited Investors	5		\$ <u>1,080,624</u>
	Non-accredited Investors	0		\$
	Total (for filings under Rule 504 only)			\$
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	T	£	Dellas Assault
	Type of offering	Type o Securit		Dollar Amount Sold
	Rule 505		,	¢
	Regulation A		_	Φ
			_	\$
	Rule 504			\$
	Total			\$
•	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees	·		.
	Printing and Engraving Costs			\$
	Legal Fees		Ø	\$15,000
	Accounting Fees			\$
	Engineering Fees			\$
	Sales Commissions (specify finders' fees separately)			\$
	Other Expenses (identify) filing fees			
	Outer Expenses (identity) timing tees			\$ 300

	C. OFFERIN	IG PRICE, NUMBER OF INV	ESTORS, EXPENS	ES AND	USE OF PROCE	EDS	
	b. Enter the difference between Question 1 and total expenses furnish "adjusted gross proceeds to the issuer	the aggregate offering price g and in response to Part C - Ques	iven in response to tion 4.a. This differe	Part C -			\$ <u>1,065,324</u>
5.	Indicate below the amount of the adj for each of the purposes shown. If and check the box to the left of the adjusted gross proceeds to the issuer	the amount for any purpose is not estimate. The total of the pa	ot known, furnish an syments listed must	estimate			
					Payments to Offic Directors, & Affiliates	ers,	Payments to Others
	Salaries and fees				\$		\$
	Purchase of real estate				\$		\$
	Purchase, rental or leasing and install	ation of machinery and equipme	nt		\$		\$
	Construction or leasing of plant build	ings and facilities			\$		\$
	Acquisition of other businesses (inclu offering that may be used in exchange	for the assets or securities of an	other issuer	_		_	
	pursuant to a merger)				\$		\$
	Repayment of indebtedness				\$		\$
	Working capital				\$	\boxtimes	\$ <u>1,065,324</u>
	Other (specify):				\$		\$
					\$		\$
	Column Totals				. \$		\$
	Total Payments Listed (column totals	added)				\$ <u>1,065,324</u>	
		D. FEDER	AL SIGNATURE				
cons	issuer has duly caused this notice to be si titutes an undertaking by the issuer to fur r to any non-accredited investor pursuant	gned by the undersigned duly auth nish to the U.S. Securities and Exc	orized person. If this i	notice is fi pon writte	led under Rule 505 n request of its staf	, the followin f, the informa	g signature tion furnished by th
Issue	r (Print or Type)	Signature	1-11/1	1	Date		
Netv	ork Clarity, Inc.	6 hunte	M Milhall		July <u>28</u> , 2003		·
Nam	e of Signer (Print or Type)	Title of Signer (Print or	Type)				
Chri	stopher D. Wheeler	President					
	•				•		
		ATT	ENTION				

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)